PTO/SB/01 (03-01)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.83)			Attorney Doc	ket Number	43079/31062			
			First Named I	nventor	Resor			
				COMPLETE IF KNOWN				
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Deceration Submitted	_ [	Declaration Submitted after Init	Filing Date					
with initial	OR	Filing (surcharge (37 CFR 1.16(e))	Group Art Unit					
Filing		required)	Examiner Nam	1e				
As a below named in	ventor. I h	ereby declare that:						
My residence, mailing	address, a	nd citizenship are as	stated below next to m	W name				
I believe I am the origin	inal. first an	d sole inventor (if on	v one name is listed h	elow) or an oric	inal, first and joint inventor (if plural soft on the invention entitled:			
Electronic Learning	Aid for Te	sching Arithmetic S	ikilis	а раселт из вос	gnt on the invention entitled;			
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L			(Title of the Invention)					
the specification of whi	ich							
Is attached here	to							
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Application Number		and wa	is amended on (MM/DI	DAYYY)	(if applicable).			
I hereby state that I have	reviewed a	nd understand the con	tents of the above ident	ified specificatio	n, including the claims, as			
and by any anena	the it opoons	outy returned to above	•					
I acknowledge the duty to in-part applications, mat	o disclose in	nformation which is ma	aterial to patentability as	defined in 37 C	FR 1.56, including for continuation- prior application and the national or			
PCT international filling d	ate of the or	ontinuation in next anni	position potreduit file III	ing owith or the b	mor application and the national or			
or plant breeder's rights	iority benefit	ts under 35 U.S.C. 11	9(a)-(d) or (f), or 385(b)	of any foreign	application(s) for patent, inventor's ignated at least one country other			
than the United States	of America	listed below and have	or memadonal applica	anon which des	ignated at least one country other			
application on which price	rity is claime		r any PCT International	application hav	ne box, any foreign application for ring a filing date before that of the			
Prior Foreign Applic Number(s)	ation	Country	Foreign Filing Date	Priority	Certified Copy Attached?			
Number(s)			(MM/DD/YYYY)	Not Claimed	YES NO			
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	cation num	bers are listed on a s	upplemental priority da	la sheet PTO/S	SB/02B attached herelo:			
[Page 1 of 2]								

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Lubbock

Additional inventors are being named on the

## PTO/S8/01 (03-01) PTO/S8/01 (03-01) PTO/S8/01 (03-01) U.S. PaterA and Trademark, Office, U.S. DEPARTMENT OF COMMERCE U.S. PaterA and Trademark, Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number. **DECLARATION** — Utility or Design Patent Application Customer Number or Bar Code Label Direct all correspondence to: 021888 OR Correspondence address below Name Gregory E. Upchurch Thompson Coburn LLP, One Firstar Plaza, Suite 3500 Address City St Louis State MO 7IP 63101 USA Country Telephone 314-552-6580 Fax 314-552-7580 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeepardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if arr Charles P. or Sumame Resor inventor's Signature Residence: City Wilson State WY Country USA Citizenship Mailing Address P.O. Box 667; 2650 Yellowbell Circle City Wilson State WY ZIP 83014 Country USA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle (if any)) or Surname Inventor's Signature Residence: City State Country Citizenship Mailing Address

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. (Page 2 of 2)

State

Country

Express Mail No. EL474164965US			
	Application Number	TBA	
	Filing Date	Herewith	
POWER OF ATTORNEY OR	First Named Inventor	Resor, Charles	
	Title	Electronic Learning Aid for Teach	
AUTHORIZATION OF AGENT	Group Art Unit	ТВА	
	Examiner Name	TBA	
	Attorney Docket Number	43079/31062	

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Practitioner(s) name							
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as my/our attorney(s) or a business in the United St	gent(s) to prosecute the application identified ates Patent and Trademark Office connected	l above, and therewith.	to transact all				
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Address	Thompson Coburn LLP						
Address	One Firstar Plaza						
City	St. Louis	State	МО	Zip 63101			
Country	USA						
Telephone	314-552-6580		314-552-7580				
I am the: Applicant/Invent	or.						
	ord of the entire interest. See 37 CFR 3.71. r 37 CFR 3.73(b) is enclosed. (Form PTO/SB.	/96).					
	SIGNATURE of Applicant or Assigned	of Record					
Name Char	es Resor						
Signature	ine lesur						
Date Febru	uary 22, 2002						
NOTE: Signatures of all the inventors forms if more than one signature is not all the inventors.	s or assignees of record of the entire interest or required, see below*.	their represe	ntative(s) are re	quired. Submit multiple			
Total ofform	s are submitted.						
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